

Waukesha
COUNTY
Department of Senior Services

Eligibility Application
for the
Waukesha County Department of Senior Services
TAXI PROGRAM

THE **TAXI PROGRAM** IS A SERVICE FOR:

Waukesha County non-driving residents, age 65 or older, who are able to enter or exit an automobile with little or no assistance,

AND FOR:

Waukesha County non-driving residents, 18-64, who are able to provide proof they receive SSI or SSDI and who are able to enter or exit an automobile with little or no assistance.

- **Persons 18-64 years, who apply for the Taxi Program MUST send the Benefits Verification Form with this application. The Benefits Verification Form can be obtained from:**

Social Security Office
707 N Grand Ave.
Waukesha WI 53186
Telephone: 1-800-772-1213

Waukesha County Department of Senior Services is the certifying agency for the Taxi Program. The attached application form must be completed and processed before subsidized transportation services can be provided.

Send:

- **Your completed application and**
- **A large (business size) self-addressed stamped envelope &**
- **If you are age 18-64, include your Benefits Verification Form**

To: Waukesha County Department of Senior Services
1320 Pewaukee Road Room 130
Waukesha WI 53188

**Taxi Program Eligibility Application
Waukesha County Department of Senior Services
Specialized Transportation Services**

THE TAXI PROGRAM IS A SERVICE FOR:

*Waukesha County non-driving residents, age 65 or older, who are able to enter or exit an automobile with little or no assistance,

AND FOR:

*Waukesha County non-driving residents, 18-64 years of age, who can provide proof they receive SSI or SSDI and who are able to enter or exit an automobile with little or no assistance. Persons 18-64 years of age **MUST** send the Benefits Verification Form with this application. The Benefits Verification Form can be obtained from:

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Waukesha WI 53186
Telephone: 1-800-772-1213

****PLEASE ANSWER ALL QUESTIONS:**

Information provided on this application will be confidential and will be used by Waukesha County Department of Senior Services for determining eligibility. If assistance is needed to complete this application, call the Department of Senior Services at (262)548-7848.

- 1) Name _____ Apt # _____
Mailing Address _____
Street Address (if different) _____ Do you live alone? _____
City _____ Zip _____
Home Phone # _____ Work Phone # _____
Date of Birth _____ Current Age _____
- 2) Social Security Number _____
- 3) Medicare Number _____ &/or Medicaid # (T-19) _____
- 4) Do you drive? ____ Yes ____ No
- 5) Do you have regular use of an automobile? ____ Yes ____ No
- 6) Do you have any driving restrictions? ____ Yes ____ No If yes, explain _____

- 7) Do you use any of the following aids? ____ Yes ____ No If yes, CHECK ALL THAT APPLY:
____ Cane ____ White Cane ____ Orthotic/Prosthetic Device
____ Crutches ____ Walker ____ Portable Oxygen ____ Guide Animal
- 8) If someone other than you will sometimes arrange trips, give his/her name & phone number so he/she may be contacted, if necessary.
- 9) Give the name & phone number of someone to be contacted in case of an emergency.
Name _____
Phone# _____ Relationship to applicant _____

10) Please check any health issues which may apply. (For use by Waukesha County Department of Senior Services in case of an emergency.)

- ☐ **Non-ambulatory:** requires permanent use of wheelchair
- ☐ **Restricted Mobility:** condition causes difficulty walking, requires use of mobility aid
- ☐ **Arthritis:** causes a functional motor defect in any two major limbs
- ☐ **Amputation of:** LEG-right_____ left_____ ARM-right_____ left_____
- ☐ **Respiratory Impairment:** occurs when climbing steps or walking
- ☐ **Cardiac Disease:** results in marked limitations of physical activity
- ☐ **Dialysis:** requires use of kidney dialysis machine & causes post-treatment weakness
- ☐ **Chemotherapy/Radiation:** causes post-treatment weakness
- ☐ **Spinal Disorders:** causes motor & sensory loss, limitation of movement
- ☐ **Nerve Root Compression Syndrome:** causes pain & motion limitation in back or neck
- ☐ **Motor Impairment:** causes faulty coordination/palsy from brain, spinal, peripheral nerve injury
- ☐ **Visual Impairment:** interferes with independent mobility
- ☐ **Hearing Impairment:** interferes with independent mobility
- ☐ **Development Disabilities:** interferes with independent mobility
- ☐ **Autism:** interferes with independent mobility
- Neurological Impairment causes by:**
- ☐ cerebral palsy ☐ muscular dystrophy ☐ Parkinson's Disease ☐ Multiple Sclerosis
- ☐ severe seizure disorder ☐ Alzheimer's ☐ uncontrolled neurological impairments
- ☐ **Mental or Emotional Impairment:** interferes with independent mobility
- ☐ **Aging:** limits mobility due to advanced age with fatigue & decreased energy level, restricted mobility & slowed response time, chronic & acute brain syndrome

11) Do you have a health concern (e.g., diabetes, pacemaker) which the transportation provider should be aware? ☐ Yes ☐ No If yes, explain _____

****PLEASE SIGN BELOW:**

I believe the information provided is true and correct. I understand that deliberately providing false information is punishable by law and may jeopardize the receipt of services. I understand the card I receive is to be used only by me. I hereby authorize Waukesha County Department of Senior Services to verify the information provided in this application.

Signature

Date

****If you are completing this application for someone other than yourself you must provide the following information (please print):**

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Relationship to client _____

I certify that to the best of my knowledge the Information given is correct.

Signature of person completing form for Applicant

Date

If you have any questions, call the Department of Senior Services at (262) 548-7847.